

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214513056		
1.) CORPORATION NAME: <b>PRISON FELLOWSHIP INTERNATIONAL</b> <div style="float: right; text-align: right;">DUE DATE: <b>4/30/2014</b></div>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY</b> <b>Bank of America Center, 16th Floor</b> <b>1111 East Main Street</b> <div style="float: right; text-align: right;">SCC ID NO: <b>F0507576</b></div>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND, VA</b> <div style="float: right; text-align: right;">5.) STOCK INFORMATION</div>				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b> <div style="float: right; text-align: right;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> </table> </div>			CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">ADDRESS: 44180 RIVERSIDE PARKWAY #100</div> <div style="text-align: center;">CITY/ST/ZIP: LANSLOWNE, VA 20176</div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: TIMOTHY KHOO TITLE: PRESIDENT ADDRESS: P.O. BOX 17434 CITY/ST/ZIP/CO: WASHINGTON, DC 20041	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHARLES COFIE TITLE: SECRETARY ADDRESS: UNILEVER GHANA LIMITED PO BOX 721 CITY/ST/ZIP/CO: TEMA, GHANA , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: IAN ELLIOTT TITLE: VICE CHAIRMAN ADDRESS: 419 PARAONUI RD CITY/ST/ZIP/CO: RD 1 TOKOROA, NEW ZEALAND , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JACK KIERVIN TITLE: CHAIRMAN ADDRESS: 893362 FIFTH LINE EHS, RR 5 CITY/ST/ZIP/CO: ORANGEVILLE, ON, L9W 2, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: ANDY CORLEY TITLE: TREASURER ADDRESS: MINGARY COTTAGE SMALLEY MILL ROAD HORSLEY CITY/ST/ZIP/CO: , , GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: PAUL COWLEY TITLE: DIRECTOR ADDRESS: HTB BROMPTON ROAD CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IDA DRAMAH DIRECTOR P. O. BOX 2215 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB MILLIGAN DIRECTOR 2633 SOUTH 24TH STREET LINCOLN, NE 68502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG PENNOYER DIRECTOR 33 WATER STREET, SUITE 501 , , CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM MCCABE DIRECTOR 24 WINDSOR RIDGE FRISCO, TX 75034	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA KWEE DIRECTOR 14 LEEDON PARK , , SG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIMOTHY KHOO	TIMOTHY KHOO, PRESIDENT	3/11/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			